**State of Wisconsin
Governor Jim Doyle**

TO: **Economic Support Supervisors
        Economic Support Lead Workers
        Training Staff
        Child Care Coordinators
        W-2 Agencies
        Workforce Development Boards
        Job Center Leads and Managers**

FROM: Amy Mendel-Clemens
        Communications Section
        Bureau of Health Care Eligibility

BHCE/BWP OPERATIONS MEMO		
No: 04-22		
DATE: 04/23/2004		
FS ☒	**MA** ☒	**SC** ☐
CTS ☒	**CC** ☒	**W-2** ☒
FSET ☐	**EA** ☐	**CF** ☐
JAL ☐	**JC** ☐	**RAP** ☐
WIA ☐	**WtW** ☐	
Other EP ☐		
PRIORITY: HIGH		

SUBJECT: New Employer Verification (EV) Policy and BadgerCare Program Changes

CROSS REFERENCE: State Statutes: Sec. 49.665
                     Medicaid Handbook 12.0.0
                     Operations Memo 03-61, New Hire Auto Update
                     Food Stamp Handbook, 22.03.00 and 22.03.01

EFFECTIVE DATE: May 10, 2004

PURPOSE

This memo:
1. Describes the new BadgerCare policy regarding verifying earnings and access to health insurance prior to eligibility confirmation.
2. Describes changes to the Employer Verification process; including the New Hire process:
   - Two new verification forms: Employer Verification Form - Earnings (EVF-E) and Employer Verification Form - Health Insurance (EVF-H).
   - New centralized processing of the EVF-E and H, scanned and validated by EDS.
   - Auto population of data into CARES
     - New CARES screens, INEI, INWG and INAC
     - Electronic Case File
3. Describes changes to CARES screens AFAC, AFEI and AFWG.
4. Introduces new CARES screen, CMEV, Employer Verification Past Due tracking screen.

BACKGROUND

The Wisconsin 03-05 Biennial Budget requires the Department of Health and Family Services (DHFS) to implement a process by which employers verify earnings and health insurance information for employed BadgerCare applicants and recipients **before** granting eligibility for BadgerCare. Because Wisconsin uses a single computer system in the administration of all assistance programs, the decision was made by DHFS and the Department of Workforce Development (DWD) to automate the verification process for wages and health insurance for all assistance programs administered by local agencies. The process will enhance the New Hire Auto-Update process implemented in September 2003. This will ensure that only one earnings or request for health insurance form is sent to an individual employer for these programs.

It was agreed that the majority of the EVF processing will be handled centrally thus having a minimal effect on local agency workload.   The intent of this initiative is to minimize the agency workload associated with this change and increase benefit issuance accuracy for all programs.

POLICY

The new initiative will affect the locally administered assistance programs as follows:

BADGERCARE

The 03-05 Biennial Budget bill states that as a condition of BadgerCare eligibility, every employed member of the family must provide verification from his/her employer of earnings; whether or not the employer provides health care coverage, and the amount that the employer pays, if any, towards the cost of the health care coverage premium. This verification requirement will be implemented for BC applicants/recipients whose eligibility is processed after May 7, 2004.

The verification requirements apply to adult members of the BC assistance group who are potentially eligible or whose income/needs will be counted in determining BC eligibility for potentially eligible members of the BC assistance group. These verification requirements apply to all employed members of the BC group except for the following individuals:

- Full time students under age 19
- Part time students working less than 30 hours per week and under age 19
- Test Children under age 19
- Children under age 18 not living with a parent
- 18 year olds not living with a parent and not living with their child

The new verification requirement will be applied to those individuals who are employed full time, part time, or those employed in temporary jobs at:

- BC Application and Review.
- Person Add - if employed and part of the BC fiscal test group.
- When someone in the BC fiscal test group gets a new job.
- When a case with an employed person cascades from other MA programs to BC.

Verification will be required in these circumstances unless the person has already been subjected to the verification requirement, for the same employer, within the last 12 calendar months. This means that there are some situations where employment information may not be required for BC at review – if the information has already been verified in the past 12 months. Although the information may be needed for other programs, it is not required for BC.

EXAMPLE: A BC recipient starts a new job in May of 2004.   The next BC review is due in October of 2004. A new hire auto-update generates both and EVF-E and EVF-H that are returned with verification of the employment. The data is auto-populated in CARES on 6/3/04. There is no requirement to verify employment information from the same job at the October 2004 review for BC eligibility since it has been verified within the past 12 months.   The next time the individual is required to verify this employment for Badge Care eligibility is at the October 2005 eligibility review.

CHANGES TO THE NEW HIRE EMPLOYER VERIFICATION PROCESS

The current New Hire Employer Verification process and the new Employer Verification (EV) process will be combined into a single process. One or both of the new Employer Verification forms will be generated centrally and mailed to the applicant/recipient when:

- A New Hire Auto Update occurs (refer to Operations Memo, 03-61).
- The eligibility worker triggers the appropriate EV form from the AGEV screen.
- The BadgerCare earnings or access to health insurance verification conditions occur.

The current New Hire match process, which compares the individual's information in CARES to the New Hire information received from the Division of Unemployment Insurance, will remain the same.

Food Stamps, Child Care, W-2, CTS

As a condition of eligibility for these programs, the applicant/recipient must provide verification of an employed family or food unit member's earnings. The new automation of the Employer Verification Form – Earnings can be used to verify the applicant/recipient's wages, start date, hours worked, etc. This enhancement will be implemented for these programs May 10, 2004. However, local agencies may continue to use already established procedures to verify employment.

Medicaid

This provision does not apply to other family MA subprograms. Income remains self declared. However, this process may be used to verify earnings for MA if the earnings are questionable.

NEW VERIFICATION FORMS

Employer Verification of Earnings (EVF-E)

The new EVF-E will replace the New Hire Employer Verification Form currently generated by CARES for new employment entered through the New Hire Auto Update process or manually by a worker. The information collected for earnings is similar to that which is already collected on the current New Hire form.

Employer Verification of Health Insurance (EVF-H)
The data collected for health insurance is similar to what is required on the current Employer Verification of Insurance Coverage (EVIC) form sent out by EDS **after** BadgerCare eligibility has been established on the MMIS Medicaid eligibility file. This information will now be completed **before** eligibility is determined.

The applicant/recipient will receive a CARES generated cover letter indicating that additional information needs to be verified and that the EVF-E and/or H are attached. The EVF will be sent directly to the customer requesting verification of earnings or access to health insurance. The applicant/recipient is responsible for taking the EVF to the employer; ensuring that the employer completes and signs the form. The customer returns the form within the specified timeframe to the address indicated on the form. An EVF-E and/or H will be sent for each employment sequence subject to verification requirements. See the Attachment Section of this memo to view a copy of the cover letters and the new EVF-E and H forms.

> **NOTE** ➢ Acceptable verification of earnings and health insurance is not limited to these two forms. Other types of verifications will be accepted to the extent that they verify the necessary information. Pay stubs for the correct time period or a letter from the employer are acceptable forms of verification.

Self-employed individuals (whose only source of earnings is self-employment) will not use the EVF-E, but will need to verify self-employment income using tax forms or the Self-Employment Income Reporting Form (SEIRF).

Forms not returned timely
If the EVFs have not been returned timely and wage/health insurance information has not been verified by the local agency, all programs requiring that information will be denied or terminated for lack of verification.

Forms returned but not signed
If the employer has not signed the EVF-E, and wage information has not been verified by the local agency, all programs requiring that information will be denied or terminated for lack of verification. Family MA will not close when the employer fails to sign the EVF-E unless MA is questionable. If the employer has not signed the EVF-H, only BC will close. At the option of the agency, when a form lacks a signature the worker may contact the employer to ensure that the information on the form came from the employer. If the employer states they did indeed complete the form and the information is correct, the worker can update CARES to indicate the form was completed by the employer and continue to process the case.

Inability to Return a Completed Form
If an applicant/recipient indicates they are unable to return a completed form because the employer is not filling out the form, the worker should pursue alternate ways to verify the information, documenting these attempts in case comments. Examples of situations where the employer may not return an accurate and complete EVF:

1. Refuses to complete the form.
2. Doesn't refuse but has not completed the form within the processing timeframe.
3. Charges a fee to complete the form.
4. Threatens to fire employee/applicant or affect his/her work place environment in a negative way if employer has to complete the form.
5. Any other reason the local agency deems to be reasonable.

Impact on Food Stamp Error Rate
In situations where CARES has been able to auto-populate data from the EVF-E AFEI/AFWG screens, this data is considered to be from a trusted third party source and verified. Therefore, the eligibility determination results associated with this data are the state's responsibility. The state is responsible for all food stamp errors associated with the EV process unless the worker alters the data auto-populated or manually enters data from the EVF-E. If the worker alters the auto-populated data or enters data manually from the EVF-E and this data results in a payment accuracy error, that error is an agency preventable error.

County Processing vs. Central Processing - Emergencies and the EV Process
Local agencies face situations where the BadgerCare recipient needs medical services, but cannot obtain that care without a Forward card. Currently, many agencies use telephone contacts with employers in these situations to speed the verification process. The new Employer Verification Form process is not meant to impede the quick delivery of services when needed. Local agencies can verify the employer information needed for BadgerCare eligibility over the phone or have the centrally generated form returned to the county. This will require special instructions for the client, since the form will still ask them to send it to the central P.O. Box. Any time that a county worker decides to circumvent the standard process, we'd like the worker and the local agency managers to keep the following in mind:

- The central processing of EVFs will alleviate workload for local agency staff; the work saved includes the generation of a form, mail handling, entry of data, and filing of the paper form.
- No additional funding has been provided or identified for local agencies to handle this new process.
- If the worker has the form sent back to the agency, the new Electronic Case File will not contain an image of the EVFs returned.
- Any error associated with the worker not using central processing may be attributed entirely to the local agency.

SYSTEM CHANGES

CENTRAL PROCESSING OF EVFS

Customers will be instructed to mail the completed EVFs directly to EDS for scanning. Forms received by them in the morning will be scanned that day and the information will then be sent to CARES for processing that evening. This time frame will be followed as long as the number of forms received by EDS remains reasonable. If the volume of forms to process is large, it will take no more than two business days to process received forms.

If other documents are sent in with the EVF, they will be forwarded to the county worker with a cover letter indicating the date the document was sent, the applicant/recipient's name and CARES case number and a description of the documents enclosed. Also, since only the front of the form will be scanned, if something is written on the back, EDS will copy the back and mail it to the county worker for the case.

Prior to the scanned image file of the EVF being sent on, the data from the form is sent through a two-stage validation process. The data is initially evaluated electronically by the system

software. If no inconsistencies are found, the data stream will proceed to CARES. Should the validation software detect inconsistencies with the business rules applied to the data, the data will be viewed manually by a human operator. If necessary the human operator will take action to correct inconsistent data prior to the data being sent to CARES.

After EVFs are scanned, two things happen:

1. An image of the actual form is captured and stored in the Electronic Case File (ECF) and
2. A set of data, or "data stream", consisting of all the information scanned from the EVF-E and H forms, is sent to CARES.

The Electronic Case File
The paper copy of the EVF will not be sent to the local agency for the case file. In order for the local agency to see an image of the scanned document, DHFS has created an Electronic Case File (ECF). The ECF will contain the images of each EVF received and scanned centrally. EDS will send a file of all of forms scanned during the day to the ECF each evening. Workers will be able to see the images of forms at the same time that the data from those forms has been auto-populated to the Inbox screens in CARES and, unless certain exceptions have occurred, the AFEI, AFAC and AFWG screens (referenced later in this document).

> **NOTE ➢** The Electronic Case File will be available to view scanned images of the EVF-E and H forms after May 5, 2004.   Information on how to access the ECF will be available prior to that date.

Confidential Cases
The EVF scanned image in the ECF for a confidential case can only be viewed by select state or EDS staff. If the worker for the confidential case, determines that he/she must see the document to complete the confidential case processing, the worker will need to contact EDS to have the form FAXED or e-mailed to his/her attention.   The contact person is Michele Zitlow, phone # 608-221-4746 ext. 3100.

New Inbox Data Stream Screens
This data stream consists of all of the information from the EVF that CARES needs for processing of employment and health insurance information. CARES accepts the data from the data stream and stores it on screens in the Inbox subsystem.

Data from the data stream cannot be changed on the Inbox screens, only viewed.   The data stream will automatically populate screens AFEI, AFWG, and AFAC. If data from an EVF needs to be changed, it should be changed on these screens.

One of the new Inbox screens, INEI, displays overall information about the EVF issuance, receipt, and success of data population. Workers can use this screen to view and track information about the EVF form itself, and to review any data population exceptions as indicated by the EVF alerts.

Two of the new screens, INWG and INAC reflect specific data about employment and health insurance as it was received on the EVF. These screens can only be accessed by using

PF keys on screen INEI. Since this data will also be available on AFEI/AFWG and AFAC, it should not often be necessary to view it on the inbox screens.

The new Inbox transactions will be located on the MNIX menu. Because the inbox subsystem is in use by the SeniorCare program as well as the EVF, there are other transactions on this menu. Only CAPO workers will have access to those other transactions, and only local agency workers will have access to INEI, INWG, and INAC.

The following are the new data stream screens in the Inbox subsystem:

INEI – This screen displays data received from the EVF-E and EVF-H.

```
INEI                   EMPLOYER VERIFICATION              04/01/04 12:44
 CASE: 6000508867                       WORKER: XCTA27   XCTG04 P KIERN
 LAST UPDATED: 03 25 04               CASE STATUS: OPEN   CASE MODE: ONGOING

 NUM: 01      NAME: LINDA          LAMBERT            SSN: 448 92 3338
 SEQ NUM: 001 EMPLOYER NAME: NABER & CO               FEIN:  541660300
  ①                                               ②
 VERIFICATION FOR (E-EMP/H-INS/B-BOTH): B    CREATED BY: CARES

③WAGE FORM TRIGGERED DATE:   03 10 04    INS FORM TRIGGERED DATE:   03 10 04
④WAGE VERIFICATION DUE DATE: 03 22 04    INS VERIFICATION DUE DATE: 03 22 04
⑤ WAGE VERF RECEIVED DATE:   03 15 04    INS VERF RECEIVED DATE:   03 15 04

⑥ WAGE INFO AUTO-POPULATED: E             INS INFO AUTO-POPULATED: E


⑦WAGE EXCEPTIONS: WAGE DETAILS NOT COMPLETED BY THE EMPLOYER
                  EMPLR NAME/FEIN MISS MATCH IN INFO RCVD THRU DATA STREAM
                  AFEI UPDATED SINCE TRIGGERING THE FORM
 INS EXCEPTIONS:  ACCESS TO EMP PROVIDED HI PLAN NOT COMPLETED BY THE EMPLOYER
                  ANSWERS TO ACC/COV QUESTION IS NOT AS EXPECTED
                  ACCESS TO STATE HEALTH PLAN NOT COMPLETED BY THE EMPLOYER
 PF20-INWG  PF21-INAC
 NEXT TRAN: ____     PARMS: 6000508867_____
```

① VERIFICATION FOR (E-EMP/H-INS/B-BOTH): Values are E, H, or B
      This field indicates from which form the information was received.

② CREATED BY: CARES
      Defaults to CARES when auto-populated

③ WAGE FORM TRIGGERED DATE: 03 10 04   INS FORM TRIGGERED DATE: 03 10 04
      This is the date the verification was requested.

④ WAGE VERIFICATION DUE DATE: 03 22 04   INS VERIFICATION DUE DATE: 03 22 04
      This is the date the verification was due.

⑤ WAGE VERF RECEIVED DATE: 03 15 04   INS VERF RECEIVED DATE: 03 15 04
      This is the date the verification was received.

⑥ WAGE INFO AUTO-POPULATED: E   INS INFO AUTO-POPULATED: E
      <E> indicates that an exception to the auto population process occurred, although some
      information may have been auto populated to the appropriate screens.
      <Y> indicates the information was successfully auto-populated.
      <N> indicates no information was auto-populated.

⑦ WAGE and INS EXCEPTIONS:
      The exception reasons the data did not auto populate are listed here.

INWG – This screen displays data from the EVF-E that relates to some of the same data fields
that appear on AFWG.

```
INWG                        DETAILED WAGE INCOME                 03/26/04 07:57
CASE: 3000524631                           WORKER: XCT268    XCTG04 P KIERN
LAST UPDATED: 03 25 04              CASE STATUS: OPEN    CASE MODE: ONGOING
NUM: 02        NAME: BARON             CANOE                 SSN: 662 30 1103
SEQ NUM: 001    EMPLOYER NAME: DON SCHUMACHER TRUCKING INC   FEIN:  10705205

IS THE PERSON LISTED ABOVE CURRENTLY EMPLOYED BY YOUR COMPANY? (Y/N): Y
IF NO:
   EMPLOYMENT END DATE: __ __ __
   REASON EMPLOYMENT ENDED: _
   DATE OF LAST PAYCHECK: __ __ __
IF YES:
   START DATE OF EMPLOYMENT: 03 07 04
   FREQUENCY OF PAY: W ACTUAL DATE FIRST PAYCHECK RECEIVED: 03 17 04
                 RATE/ HR    TYPE    AVG HRS/ PPD    TOTAL/ PPD
                  5.00       REG         15         _____

                 _____     ___      _____       _____
                 _____     ___      _____       _____
                 _____     ___      _____       _____
①                _____     ___      _____       _____
PHONE NUM ON WAGE FORM: 608 277 8282    FAX NUM ON WAGE FORM: 608 288 8281
②FORM SIGNED? (Y/N): Y ③EMAIL AVAILABLE: (Y/N): N ④ADDITIONAL INFO ON FORM: N
```

① PHONE NUM ON WAGE FORM: and FAX NUM ON WAGE FORM:
    The employer phone and fax numbers will appear if completed on the EVF-E or H.
② FORM SIGNED? (Y/N)
    This field indicates whether or not the employer signed the form.
③ EMAIL AVAILABLE: (Y/N)
    This field indicates if the employer email address is indicated on the EVF-E or H.
④ ADDITIONAL INFO ON FORM: (Y/N)
    This field indicates if other information has been included on the form.

INAC – This screen displays data from the EVF-H that relates to the same data fields that appear on AFAC.

```
INAC             ACCESS TO FAMILY MAJOR MEDICAL INSURANCE   04/01/04 12:45
CASE: 6000508867                              WORKER: XCTA27   XCTG04 P KIERN
LAST UPDATED: 03 25 04             CASE STATUS: OPEN   CASE MODE: ONGOING
NUM: 01        NAME: LINDA            LAMBERT                SSN: 448 92 3338
SEQ NUM: 001    EMPLOYER NAME: NABER & CO                FEIN:  541660300

CURRENTLY EMPLOYED? (Y/N): Y

COVERAGE WITHIN LAST 12 MONTHS? (Y/N): Y
  IF YES, EFF DATE: 03 01 04   END DATE (IF APPLICABLE): __ __ __
  FAMILY MEMBER(S) COVERED
  EMPLOYEE ONLY: Y SPOUSE:  CHILDREN:  STEP CHILDREN: _ OTHER: _
CURRENT ACCESS? (Y/N): _
  IF YES, WOULD THE EMPLOYER PAY AT LEAST 80% OF THE PREMIUM? (Y/N): _
  FAMILY MEMBER(S) WHO HAVE ACCESS
  EMPLOYEE ONLY: _ SPOUSE: _ CHILDREN: _ STEP CHILDREN: _ OTHER: _
FUTURE ACCESS? (Y/N): _                 IF YES, DATE ELIGIBLE: __ __ __
  WOULD THE EMPLOYER CONTRIBUTE 80% OF THE PREMIUM? (Y/N): _
ACCESS TO STATE HEALTH INSURANCE PLAN? (Y/N): _

*PHONE NUM ON INS FORM: 608 741 0333    FAX NUM ON INS FORM: 608 741 5555
*FORM SIGNED? (Y/N): Y EMAIL AVAILABLE: (Y/N): N ADDITIONAL INFO ON FORM: N
```

*These fields are described above with the field descriptions for INWG.

AUTO-POPULATION

CARES will process the data stream nightly and when possible will attempt to auto-populate certain data fields on AFEI, AFWG and/or AFAC. After auto-population, alerts will be sent to workers regarding the results of the auto-population process, and indicating appropriate worker action. These alerts will also be sent to the FEP when appropriate. There are 3 categories of alerts:

- Alerts when auto-population occurs successfully
- Alerts when only part of the data auto-populates ("partial auto-population")
- Alerts when auto-population cannot occur, i.e. "exceptions".

CARES ALERT WHEN AUTO-POPULATION OCCURS

Alert #357 – VERIF DATA AUTO POPULATED (Verification Data Auto Populated)

This alert will be sent to the primary worker for the case when auto population has been successful.   The worker can select the alert and TRAN to AFEI.

CARES ALERTS WHEN PARTIAL AUTO-POPULATION OCCURS

Alert #359 – VER DATA AP, COVERG INFO RECD (Verification Data Auto Populated, Coverage Information Received)

If the employer indicates on the form that the individual or family has insurance coverage through the employer, CARES will auto-populate data from the returned EVF-H onto AFAC. Alert #359 will be sent to the worker notifying them that the EVF-H was returned indicating

coverage and the worker needs to take action. CARES will update AFAC with other information but will not update AFMC or AFMI.

> **Worker Action:** The worker must check CARES first to see what information is on AFMI, AFMC or AFMA. If coverage is still unknown, contact the client to determine what kind of coverage s/he has (major medical or not) and who in the group is covered by the policy. This information should then be entered on AFMC/AFMI.

Alert #360 – VER DATA AP, ADDL INFO ON FORM (Verification Data Auto Populated, Additional Information On Form)

The employer or client, has written "extra" information on the front of the EVF that could not be captured and sent to CARES.   CARES will auto-populate data from the EVF and generate this alert.

> **Worker Action:** The worker will need to view the scanned image in the Electronic Case File to determine if any of the extra information included on the form is relevant to the case and take appropriate action.

Alert #363– VER DATA AP, NO SIGNATURE (Verification Data Auto Populated, No Employer Signature)

When the EVF-E & EVF-H is missing the employer's signature, CARES will auto-populate data from the form to the appropriate screen(s) and send this alert.

> **Worker Action:** The worker may call the employer to make sure that the employer filled out the form. If the employer did, the worker should change the 'N' for EVF signature on AFEI to a 'W'. The case (for all programs that were dependent upon the return of the EVF) will now pass the EVF returned test. The worker should document his/her conversation with the employer in case or screen comments. The worker may also choose to just run eligibility and the case will be denied or terminated for all programs that were dependent upon the return of the EVF.

Alert #364 – VER DATA AP, NO WAGE EMP INFO (Verification Data Auto Populated, No Wage/Employment Information)

The top portion of EVF-E is not completed or is left blank. CARES will auto-populate data supplied on the bottom half of the form and send this alert.

> **Worker Action:** The worker can still use the information entered on AFEI when the employment was entered and the EVF generated or determine if follow-up with the employer is needed. The worker should document his/her conversation with the employer in case or screen comments.

Alert #362 – VER DATA AP, CLOSED <u>< 30 Days</u> (Verification Data Auto Populated, Case Closed less than 30 Days)

An EVF-E or EVF-H has been received for a case that has closed in all programs and the case has been closed less than one calendar month. CARES will auto-populate data from the EVF-E and/or EVF-H and generate this alert.

Worker Action: The worker must reactivate the case, run eligibility (SFED/SFEX) and confirm benefits if the case includes MA, BC, CC or W-2. However, FS cannot be opened until a new application has been received.

NOTE ON UPDATES FOR CASES CLOSED <u>MORE</u> THAN 1 Calendar Month: If EVF-E or EVF-H has been received for a case, with all programs closed for more than one calendar month, CARES will still auto-populate data from the EVF-E and/or EVF-H, but no alert will be sent to the worker. No action needs to be taken by the worker.

CARES ALERT WHEN AUTO POPULATION CAN NOT OCCUR

When data cannot be auto-populated, CARES will generate an alert and set an exception reason.

Alert #358 – VERIFICATION DATA EXCEPTIONED
This alert will be sent notifying the worker that an exception to auto-population has occurred. The worker can select the alert and TRAN to INEI to view the exception reason. To clarify the information, the worker may need to view the scanned image, contact the employer or customer, or seek other forms of verification.   The worker should then document his/her contacts and actions in case or screen comments.

The exception reasons listed here will appear on the appropriate lines of screen INEI.

EXCEPTION REASONS

INVALID DATA RECEIVED THRU THE DATA STREAM.
The data that was sent from EDS to CARES contains characters or values that are invalid.

Worker Action: The worker must view the scanned image to see what information the employer recorded and enter what they can onto the appropriate CARES screens. The worker may need to contact the employer to gather more information. If the information still can not be deciphered, the worker should notify their IM agency CARES Coordinator who will contact the DHFS Call Center to resolve the data stream issue.

EMPLOYER INCLUDED WAGE INFO THAT IS INVALID
The wage-related fields of hours worked per week, hourly rate of pay (data provided is outside the guidelines set for these fields), or gross amount are invalid, unreadable, non-specific on the EVF-E.

PAY FREQUENCY NOT ENTERED BY EMPLOYER

WAGE DETAILS NOT COMPLETED BY THE EMPLOYER

IRREGULAR PAY FREQUENCY IS INDICATED

MORE THAN TWO PAYMENT TYPES ARE INDICATED

> **Worker Action:** For the above five exceptions, the worker should check the data that has come through the data stream on INEI/INWG/INAC. The employer may need to be contacted to clarify the information. If it cannot be clarified, other methods of obtaining the needed verification must be pursued.

WAGE DETAILS FOUND ON AFDE
CARES can not auto-populate data from the EVF-E because the detail screen that is used for this employer segment is AFDE and not AFWG.

> **Worker action:** The worker must review the data on INEI/INWG, end date the old AFEI sequence and create a new sequence of AFEI with wage details on AFWG using the new data.

INVALID INSURANCE ACCESSS DATA RECEIVED THRU THE DATA STREAM

> **Worker Action:** The worker must view the scanned image to see what information was recorded by the employer and enter what they can on to the appropriate CARES screens. The worker may need to contact the employer to gather more information. If the information still can not be deciphered, the worker must notify their IM agency CARES Coordinator who will contact the DHFS Call Center to resolve the data stream issue.

INSURANCE COVERAGE INFO NOT COMPLETED BY THE EMPLOYER
The employer did not indicate on the EVF-H whether or not the employed individual or other members of his/her family were covered by an employer group health plan.

 ACCESS TO EMP PROVIDED HI PLAN NOT COMPLETED BY THE EMPLOYER

NO INDIVIDUAL HAS BEEN SELECTED UNDER COVERAGE SECTION

ACCESS TO STATE HEALTH PLAN NOT COMPLETED BY THE EMPLOYER

> **Worker Action:** To resolve the above exceptions, the worker must contact the employer to clarify the information and document his/her contacts and actions in case or screen comments.

AFAC UPDATED SINCE TRIGGERING THE INSURANCE FORM
Screen AFAC was updated after the form was sent and before auto population was attempted.

> **Worker Action:** The worker must review the data on INAC, compare it to the current data on AFAC and decide what updates, if any, to make. Keep in mind that any changes made to any field on AFAC will prevent auto-population from occurring.

INDIVIDUAL NOT CURRENTLY EMPLOYED BY THIS EMPLOYER

> **Worker Action:** The worker must determine when employment ended and enter that employment information into CARES. At this point, the normal loss of employment driver flow will occur, including running eligibility.

EMPLOYMENT NOT FOUND ON AFEI
The worker has deleted the employment sequence of AFEI since the EVF-E or EVF-H was generated.

> **Worker Action:** The worker must determine whether the employment was mistakenly deleted. If so, the worker must recreate the AFEI sequence for this employer using information from the In-Box screens associated with the forms that have been returned. If the AFEI sequence was deleted correctly, the worker may not need to take any action.

EMPLR NAME/FEIN MIS MATCH IN INFO RCVD THRU DATA STREAM
The data associated with the EVF-E or EVF-H that was sent from EDS to CARES contains a FEIN that does not match the FEIN of any employment sequence in CARES for this individual.

> **Worker Action**: The worker must view the scanned document, comparing the employer information to what has been entered in CARES. Once the worker determines that it is the same employer, the data from INEI/INWG or INAC must be entered on the appropriate CARES screens.

AFEI UPDATED SINCE TRIGGERING THE FORM

> **Worker Action:** The worker must review the data on INEI/INWG and INAC and decide what updates to make based upon what other data s/he has entered on the employer screens since the EVF was generated. Keep in mind that ANY changes to any field on AFEI/AFWG after the generation of the EVF-E will prevent auto-population from occurring.

SOMEONE HAS 80% ACCESS BUT WE DON'T KNOW WHO
The employer indicated on the EVF-H that they offer a group health plan for this employee's family and the employer pays 80% or more of the premium, but the employer failed to identify who in the group (employee, spouse, children, etc.) would have had access.

> **Worker Action:** The worker will need to contact the employer to gather the information on whom would have/had access to health insurance. Once this information is known, the worker will need to enter this data on AFAC, run SFED/SFEX and confirm the case.

OTHER INDIVIDUAL MARKED AS HAVING 80% ACCESS
The EVF-H is returned and the employer indicates that the family member who has access is 'other' (not self, spouse, or child).

> **Worker Action:** The worker will need to contact the employer to determine who would have access under the plan and then code AFAC with the short list numbers of those individuals in the case who would have access.

ANSWERS TO ACCESS AND 80% QUESTIONS CONFLICT
The employer indicated on the EVF-H that there is no access to a group health plan for the employee's family (currently or in next 12 months), but then indicated that the employer would pay 80% or more of the premium for such a plan.

Worker Action: The worker will need to contact the employer to determine who, if anyone, has access under a plan in which the employer has indicated s/he would pay 80% or more of the premium. The worker will then code AFAC with the updated answers.

Alert #361 - WAGE/INS VERIFICATION PAST DUE
This alert is sent to supervisors when an EVF is 10 business days overdue.

CHANGES TO AFEI

```
AFEI                        EMPLOYMENT                    04/01/04 11:02
 CASE: 6000529961                        WORKER: XCTG04   XCTG04 P KIERN
 LAST UPDATED:              CASE STATUS: PENDING CASE MODE: INTAKE

 NUM: 01 NAME:                                  SSN:
 DC: __  ①BEGIN MMYY: 0404   END MMYY: ____
 SEQ NUM:     WI EMP NUM: _____              FEIN: 391084990
           EMPLOYER NAME: POY SIPPI FEED SERVICE INC____ PHONE: 920 748 2425
              ADDRESS: PO BOX 187_____  ②FAX: 625 854 1010
                CITY: CHILTON_____ STATE: WI ZIP: 530140187   ③
             JOB TITLE: CASHIER_____  EMPLOYMENT TYPE: R        VR: OW
    EMPLOYMENT BEGIN DATE: 04 01 04  ③VR: CC  ④FIRST PAYCHK DT: __ __ __
 EMPL ENDED: N EMP END DT: __ __ __   VR: __   LAST PAYCHK DT: __ __ __  VR: __
 ON STRIKE : N STK BEG DT: __ __ __   VR: __    STK END DT: __ __ __  VR: __
 PAY FREQ: W              MON HOURS:  52    TJB SUBSIDY: _____
 INKIND INC:     .00      MON MA AMT:   720.00   MON CONV AMT:   774.00
 ⑤WAGE VR FOR BC : Y ⑥ BC WAGE VR DT: 04 01 04 ⑦ BC HI VR:Y ⑧BC HI VR DT: 04 01 04
 ⑨EVF-E SIGNATURE: S      ⑩EVF-H SIGNATURE : S      ❶EMPLOYER REFUSAL:_
 -----------------------------INDIVIDUALS--------------------------------
  01 IMA   B (PP )   02 HUSBA B (HUS)   03 DAUGH B (DAU)    04 DAUGH B (DAU)

 PF18-ACCC  PF20-AFWG/AFDE  PF23-AFAC  ❷PF24-REDETERMINE HIPP
 NEXT TRAN: ____     PARMS: 6000529961_____
```

① **Begin Month/Year** **CHANGE** A new edit will force workers to change the effective mm/yy, if the effective month is not within the last two months of the system date and the worker is in Intake or Review mode.

② **Employer FAX Number** **NEW** (_ _ _) _ _ _ - _ _ _ _ Spaces will be entered in the field at conversion. The EVF-E and EVF-H both ask employers for this data. When provided, the data will be auto-populated. CARES will overlay the existing data with any data received via auto-population.

③ **Verification Fields** "AP" will be entered by the system as a valid verification code, for AFEI and AFWG, when the data is entered through the auto-population process. A new edit will require the worker to change any 'AP' verifications codes to some other appropriate value when the worker changes the corresponding field. AP can not be entered by a worker.

④ **First Paycheck Date **NEW**** MM/DD/YY The EVF-E asks employers for this data. When provided, the data will be auto-populated. The worker can also enter this date. This field is informational only; workers may use this field to make sure they are budgeting income from a new job correctly.

⑤ **WAGE VR FOR BC **NEW**** (Wages Verified for BadgerCare)
Y = Yes, wages have been verified for purposes of determining BC eligibility.
N = No, verification has been requested but nothing has been received.
? = Wages verification has been requested.

At the implementation of this process, a 'Y' will be placed in this field for all active cases except for MA cases with 'SP' verification code in employment verification fields on AFEI or AFWG. For these, cases we will enter a '?'

The regular default value for this field is '?'. A 'Y' will allow the BadgerCare AG to pass this particular verification of earnings test, if it has been less than 12 months since this was verified. If it has been more than 12 months, CARES will pend the AG and send out a new EVF-E when it is an application, review or situation where a Medicaid AG has cascaded down to BadgerCare.

An 'N' will fail the BC AG.

A '?' will pend the BadgerCare AG and may trigger an EVF-E, regardless of the wage verification date entered on AFEI. When a review is started, CARES will put a '?' in this field if the verification date is prior to 10 months from the current date.

⑥ **BC WAGE VR DT** (BadgerCare Wage Verification Date) mm/dd/yy
The worker should enter a date whenever wages are verified that would satisfy the BadgerCare verification requirement. It is recommended that the dates be entered even if the case is not currently a BC case. When auto-population occurs, the system will fill in the verification date.

Upon implementation of this change, a date will be filled in for all of the active cases (excluding active MA cases with an 'SP' verification code). The date will be the next case review date minus 12 calendar months.

This field is used to determine whether wages need to be verified (and an EVF-E issued) for the BC AG. If wages have been verified in the last 12 months from the month for which the case's eligibility is being determined (even if this is an application or review), we will not require that an EVF-E be completed.

⑦ **BC HI VR** (BadgerCare Health Insurance Verification)
Y = Yes, health insurance information has been verified for purposes of determining BC
    eligibility.
N = verification has been requested but nothing has been received.
? = Health insurance verification has been requested.

When this process is implemented and the new field created, a 'Y' will be placed in the field for all active BadgerCare cases. For all other active cases this field will have a '?'

The regular default value for this field is '?'.

A 'Y' will allow the BadgerCare AG to pass this particular verification of health insurance information test, if it has been less than 12 months since this was verified. If it has been more than 12 months, CARES will pend the AG and send out a new EVF-H when it is an application, review or situation where a Medicaid AG has cascaded down to BadgerCare.

An 'N' will fail the BC AG.

A '?' will pend the BadgerCare AG and may trigger an EVF-H, regardless of the health insurance info verification date entered on AFEI.

When a review is started, CARES will put a '?' in this field if the verification date is prior to 10 months from the current date.

⑧ **BC HI VR DT** (BadgerCare Health Insurance Verification Date) mm/dd/yy
The worker will enter a date whenever health insurance access/coverage are verified that would satisfy the BadgerCare verification requirement.

When this field is created during conversion, a date will be filled in for all active BadgerCare cases. That date will be the next case review date minus 12 calendar months. For all other cases, the field will be left blank.

The BadgerCare Health Insurance Verification Date field is used to determine whether health insurance need to be verified and an EVF-H created for the BC AG. If health insurance access/coverage has been verified in the last 12 months from the month for which eligibility is being determined (even if this is an application or review), we will not require that an EVF-H be completed

⑨ **EVF-E SIGNATURE**
Y = We received the EVF-E with an employer signature.
N = We received an EVF-E but there was no employer signature. The BC, FS, CTS, CC and W-2 AG will fail because the employer has not returned an EVF-E with a signature
W = There was no employer signature on the EVF-E, but the worker has checked with the employer to verify that the information on the form came from him/her. The worker can also use W if pay check stubs or other appropriate documentation was used to verify wages.
S = CARES will place this value in this field when a new employment sequence is created from a New Hire match, when a worker creates a new employment sequence and when we implement these changes and create the new field.

For purposes of determining eligibility, BC, FS, CTS, CC and W-2 will pass the EVF-E signature test if Y, W, or S are entered in this field. If an N is entered, all of these AGs will fail.

If the worker determines that the wage information provided is questionable for MA, and enters a Q? on AFEI or AFWG, an <N> in the lack of signature field will not close MA. MA policy requires a signature (or the worker's assurance that the employer provided this information) in these situations. The worker must enter a QV verification code to close MA (other than BadgerCare).

⑩ **EVF-H SIGNATURE**
Y = The EVF-H was received an employer signature.
N = The EVF-H was received but there was no employer signature. The BC AG will fail because the employer has not returned an EVF-H with a signature.
W = There was no signature on the returned EVF-H, but the worker has checked with the employer to verify that the information on the form came from him/her. The worker can also enter W if other appropriate documentation was used to verify this information or when the employer refuses to complete or sign the form.
S = CARES will enter an S in this field when a new employment sequence is created from a New Hire match, when a worker creates a new employment sequence and when we implement these changes and create the new field.

For purposes of determining eligibility, the BC AG will pass the EVF-H signature test if Y, W, or S is entered.

❶ **EMPLOYER REFUSAL** E,H,B,Spaces,
Auto populate can update the field from 'B' to 'H' or 'E', or 'E' or 'H' to spaces
E = The employer refused to complete the EVF-E form.
H = The employer refused to complete the EVF-H form.
B = The employer refused to complete both the EVF-E and EVF-H forms.

An entry in this field has no effect on program eligibility, it is informational only.

❷ **PF24-REDETERMINE HIPP**
The functionality of this PF key has not changed, however the wording has been changed to more accurately reflect its function.

QUESTIONS ON AFAC

Workers must now ask the questions on the AFAC (Access to Family Major Medical Insurance) for each employed person in the assistance group. These questions are no longer handled post-eligibility determination by EDS, but are to be asked up-front by the worker. It is important that these questions be asked for each employment of each BadgerCare applicant in order to make a correct BadgerCare eligibility determination.

The verification process is meant to confirm that the employed person does **not** have access at 80% currently or does **not** have access to a state health plan.

> **NOTE** ➢A <?> is not a valid verification code for AFAC. To properly pend a case when additional verification is needed, enter a <?> in the new BC HI VR (BadgerCare Health Insurance Verification) field on AFEI.

CHANGES TO AFAC

```
AFAC              ACCESS TO FAMILY MAJOR MEDICAL INSURANCE   04/01/04 11:06
 CASE: 6000529961                            WORKER: XCTG04    XCTG04 P KIERN
 LAST UPDATED: 04 01 04              CASE STATUS: PENDING CASE MODE: INTAKE
 DC: __    EMPLOYER SEQ NUM :     EMPLOYEE SL: 01
 EFF MMCCYY : 042004

 COOPERATING WITH HIPP?                                       (Y/N): N
①CURRENTLY HAVE ACCESS TO GROUP HLTH PLAN THRU THIS EMPLOYER?  (Y/N): Y VR: CS
   IF YES, IS THE EMPLOYER PAYING 80% OR MORE OF THE PREMIUM?  (Y/N): N
②HAD ACCESS TO GROUP HEALTH PLAN IN THE LAST 18 MONTHS?       (Y/N): N VR: __
   WOULD THE EMPLOYER HAVE PAID 80% OR MORE OF THE PREMIUM?   (Y/N): _
 DO YOU HAVE ACCESS TO STATE EMPLOYEE HEALTH PLAN             (Y/N): N VR: __
③ -------------- INDIVIDUALS WHO COULD HAVE BEEN INSURED ----------------------
  __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
  ---------------------------------------------------------------------------
④WILL YOU HAVE ACCESS TO GROUP HEALTH PLAN IN NEXT 12 MNTHS   (Y/N): N VR: __
   IF YES - DATE WHEN YOU CAN APPLY FOR THE GROUP HLTH PLAN?    : __ __ __
   WOULD THE EMPLOYER PAY 80% OR MORE OF THE PREMIUM?       (Y/N): _
 -------------------------------INDIVIDUALS--------------------------------
  01 IMA   B (PP )   02 HUSBA B (HUS)   03 DAUGH B (DAU)   04 DAUGH B (DAU)

 PRESS ENTER KEY TO RETURN TO AFEI
 NEXT TRAN:        PARMS: 6000529961/6001502366/00
```

①****NEW**   CURRENTLY HAVE ACCESS TO GROUP HLTH PLAN THRU THIS EMPLOYER?**
<Y> or <N> is the required entry into this field.

> **IF YES, IS THE EMPLOYER PAYING 80% OR MORE OF THE PREMIUM?**
> <Y> or <N> is the required entry in this field.
> A response is required in this field if the current access field is <Y>.

A <Y> entry with <Y> in the 80% question that follows will mean that the individual listed in the INDIVDUALS WHO COULD HAVE BEEN INSURED fields will be ineligible for BadgerCare.

②****NEW** HAD ACCESS TO GROUP HEALTH PLAN IN THE LAST 18 MONTHS?**
<Y> or <N> is the required entry in this field.

> **IF YES, IS THE EMPLOYER PAYING 80% OR MORE OF THE PREMIUM?**
> <Y> or <N> is the required entry in this field.
> A response is required in this field if the current access field is <Y>.

A <Y> entry with a <Y> in the 80% question that follows will mean that the individual listed in the INDIVDUALS WHO COULD HAVE BEEN INSURED field will be ineligible for BadgerCare.

③ **INDIVIDUALS WHO COULD HAVE BEEN COVERED**
Lists all individuals, by short list number, who could have been covered by the above mentioned insurance.

④**WILL YOU HAVE ACCESS TO GROUP HEALTH PLAN IN NEXT 12 MNTHS?**
<Y> or <N> is the required entry into this field.

> **IF YES – DATE WHEN YOU CAN APPLY FOR GROUP HLTH PLAN?**
> Date entry must be: mm/dd/yy
> Entry into this field is not required and has no effect on eligibility. However a date, no more than 12 months in the future, can be entered only when future access response is <Y>.

> **WOULD THE EMPLOYER PAY 80% OR MORE OF THE PREMIUM?**
> <Y> or <N> is the required entry into this field.
> An entry into this field is only required if the answer to 'future access' is <Y>.

A response in this field has no effect on eligibility. EDS will use this data (future access, date and 80%) to contact employers to enroll applicants/recipients in the BadgerCare Health Insurance Premium Payment program.

Entries in verification fields on AFAC are only mandatory if responses to questions are "Y." However, if an applicant/recipient gives answers that would make them ineligible, verification is not required by policy, workers should enter an appropriate verification code in these situations. CARES reference table TVHI defines appropriate verification codes for verification fields on this screen.

```
RTDT              REFERENCE TABLE DISPLAY SCREEN              04/15/04 14:17
                                                             XCT297 P KIERN


TABLE ID: TVHI              TABLE DESC: HLTH INSUR ACCESS VERF CODES
AGENCY  : 99               EFFECTIVE DATE: 03 31 04
KEY     :                       NEXT KEY: _____

VERIFICATION                                                    WORKER
    CODE        DESCRIPTION                                     ENTERABLE

     AP        AUTO POPULATED                                      N
     CS        CLIENT STATEMENT                                    Y
     MM        MMIS UPDATED                                        N
     OT        OTHER                                               Y
     SD        SYSTEM DEFINED                                      N
     WF        WORKER VERIFIED THRU FORM                           Y
     WK        WORKER ENTERED                                      N




PF2 - RETURN TO SCREEN   ENTER SELECTION VALUE : _____
NEXT TRAN: ____      PARMS: _____
```

CHANGES TO AGEV

```
AGEV   EMPL/INSUR VERIFICATION CHECKLIST/EXTENSION REQUEST  04/01/04 11:14
 CASE: 6000529961                       WORKER: XCTG04    XCTG04 P KIERN
                                  CASE STATUS: PENDING CASE MODE: INTAKE


                           ②                    ③        VERIF   ④
 SL  SSN          EMPLOYER NAME FORM  ASSISTANCE      VERIF   EXTENDED GEN
 NUM NAME         EMPL BEGIN DT SENT? GROUPS          DUE DATE DUE DATE EVF

 01 125-47-7801   POY SIPPI FEED  B    BC,MA          05 02 04 __ __ __  B
    IMA BCOVERVIEW ①04-01-2004



 --------------------------------INDIVIDUALS--------------------------------
  01 IMA  B (PP )   02 HUSBA B (HUS)    03 DAUGH B (DAU)   04 DAUGH B (DAU)

 PF13-AGVC
 NEXT TRAN: ____      PARMS: 6000529961_____
```

① **EMPL BEGIN DT **NEW*****
This is the employment begin date entered on AFEI.

② **EVF SENT? **CHANGED****

E = generate the EVF-E
H = generate the EVF-H
B = generate both the EVF-E and EVF-H
N = means that CARES has not yet generated an EVF for this employee and employer as a
     result of pending verification on AFEI/AFWG/AFAC.

③ **VERIF DUE DATE **CHANGED**** mm/dd/yy
When an EVF-E or H is generated, the appropriate due date will be displayed. For Ongoing cases, the due date will be 10 calendar days from the next business day for MA, FS and CTS, seven business days from the next business day for W-2 and CC. Verification screen AGVC will also be reprogrammed to work this way. The verification due date logic for applications for all programs has not changed.

④ **GEN EVF + LTR E, H or B **CHANGED**** (Generate EVF-E, H or both with cover letter)
E = generate the EVF-E with cover letter.
H = generate the EVF-H with cover letter.
B = generate both the EVF-E and EVF-H with appropriate cover letter.

Whenever CARES determines that an EVF-E, EVF-H needs to be generated because verification is pending, CARES will enter the appropriate value in this field. The worker can override this selection if necessary.

CARES will produce the EVF-E, H or both along with the appropriate cover letter once the worker presses enter to proceed past this screen. Should the worker need to make a change and re-run SFEX/SFED, a new form will not be generated unless the worker enters the appropriate code in this field and hits enter.   To prevent multiple forms from being generated and mailed, the worker needs to only enter the code if a new form is needed. The worker should suppress the generation of additional forms on CNIN.

Print locally **REMOVED**
In the past, there has been the capability for online local printing of New Hire verification requests from AGEV. This will no longer be the case. Since these forms are scanned they must be printed centrally to ensure that they can be scanned accurately. If a duplicate EVF is needed, it can be requested through CNHS. It will be printed centrally and mailed to the customer.

NEW CARES SCREEN CMEV

The CMEV screen has been created to help workers track overdue employment verification and to close assistance groups that required verification in order to establish or maintain eligibility. CARES is unable to correctly close these cases without worker intervention. When a worker signs onto CARES, the CMEV screen will appear after the DXBM screen to alert the worker that he or she has cases that have an EVF that is 5 calendar days overdue. If the worker does not take action on the case, alert #361 will be sent to the worker's supervisor when the EVF is 10 business days overdue.   The case will no longer display when eligibility has been run and confirmed or if the verification due date is extended on AGEV.

```
CMEV                    EMPLOYER VERIFICATION PAST DUE       04/01/04 13:00
                                            WORKER: XCTG04    XCTG04 P KIERN

①           ②          ③          ④          ⑤          ⑥
SEL         CASE        SL         EMP        VERF        VERF/EXT
                        NUM        SEQ        TYPE        DUE DATE

_           6000403666  01         01         E           10 18 03
_           4000368044  01         01         E           02 21 04
_           1000405818  01         01         H           02 21 04
_           0000403601  01         01         B           03 10 04




NEXT TRAN: ____    PARMS: _____
```

① **SEL** Use S or X to select this case for processing. Once the worker selects the case, CARES will take the worker to AFEI. The worker will then enter NV or QV in the verification field(s) that contain the ? or Q?, run SFEX/SFED and confirm the case.   AG's that required verification to determine eligibility will close.

Workers can TRAN directly to CMEV. If there are other cases in need of action, the worker should TRAN back to CMEV to continue working cases that appear on this screen. Other worker's overdue cases can be viewed by entering CMEV in the next tran, and that worker's logon ID in the parm.

② **CASE** - CARES case number for the case with an overdue EVF(s). Cases with the oldest verification due date will be displayed first. In instances where there are more cases listed than can be displayed on one screen, PF8 and PF7 can be used to view subsequent screens.

③ **SL NUM** – short list number of the employed applicant/recipient

④ **EMP SEQ** - This is the employment sequence number associated with the corresponding sequence on AFEI.

⑤ **VERIF TYPE** is the type of form that was sent, EVF-E, H or both

⑥ **VERIF/EXT DUE DATE** - The EVF verification due date.

Case Closure Reason Codes
Here are the closure reason codes and the short text that will appear on EEND. All of the closure reason codes apply to BC, however closure code 552 will also be used to close W-2, CC, CTS and FS for lack of employer signature on the EVF-E.

Reason Code	Short Text
550	Did not verify earnings for BC
551	Did not verify health insurance information for BC
552	Employer did not sign the earnings verification form
553	Employer did not sign the health insurance verification form
556	Last 18 months access-employer pays 80% or more of premium

THE WORK NUMBER SERVICE AND THE EV PROCESS

In certain situations, employers may not complete the EVF. As already discussed, in many of these cases, workers may contact the employer directly to obtain appropriate verification information. In some situations, however, there is another resource available that workers need to be aware of.

Some employers in Wisconsin subscribe to a service that handles all of their verifications. This web-based service is called the "Work Number". Employers who have signed up for this service may not return the EVF-E but request that the employee ask the worker to use the web site to verify earnings. The Work Number service asks those interested in verifying employment information to use their web site query to do so. The web site address is:

http://www.theworknumber.com//ParticipatingEmployers/Verifiers/participatingEmployers.asp

While the Work Number charges a fee for others, they do not charge a fee for public assistance agencies. If you find that an applicant/recipient works for a firm that uses the Work Number, you will need to verify their employment information using the Work Number. To determine if an employer is participating and providing data to the Work Number service, the following web site is available to search for the employer:

https://verify.theworknumber.com/cgi-mv/twndatabase_secure.asp

Here are the instructions for obtaining a user id and password and verifying earnings and health insurance information using this service:

The request is made on-line via the Web and the response is provided by fax. For security purposes, the fax telephone number that is to be used for the response is also the logon ID for the requestor.

Each agency wanting to use this service will be required to fill out the application request form to be qualified for the free service. This form can be obtained at the web site below:

http://www.theworknumber.com/SocialServices/StandardServiceAgreement.pdf

TRAINING

Training for EVF policies and processes will be offered through the Partner Training Services (PTS) Learning Center (http://www.uwosh.edu/ccdet/wss/) and should be available the week of May 4. The Employer Verification Process will impact all programs of assistance, therefore completion of the training is recommended for IM and Workforce Development (W-2 and Child Care) eligibility workers.

The course title is "Employer Verification Processing." Feedback from previous online course offerings was considered when developing this course.

A short introduction on how to use the PTS Learning Center is available by clicking the "PTS Learning Center Course Access-Resource Guide" link that can be found on the PTS Learning Center home page.

The first component of the course is entitled "Start Here" and contains details on how to complete all remaining components. The course will use Adobe Acrobat documents (PDF files), a short PowerPoint presentation, an assessment and a presentation created using Macromedia Flash. To view the Flash presentation, the free "Macromedia Flash Player 7" plugin for your web browser must be downloaded and installed. If this presents an IT issue in your agency, be sure to contact your IT staff prior to attempting to access that component of the course. The course will conclude with an evaluation done through the Quia web site.

Completion of this course can be counted as 2 hours of Professional Development. Individual completion of all course components online is strongly encouraged. PTS Learning Center will track individual completion of this course and will automatically give credit to those who complete the course online. For those who may have completed portions of the course in other ways (such as in a group), online completion of the "Start Here" and "Evaluation" course components will be required to receive credit in the PTS Learning Center. In addition to allowing tracking of participation, completion of these components will ensure that each individual learner is provided with a basic understanding of the course, as well as an opportunity to provide feedback that will assist in making future distance learning opportunities more effective.

If you experience difficulties in accessing course materials in PTS Learning Center, please contact the Learning Center staff at 920-424-1071. For other questions about this training, see the contact information for the course in PTS Learning Center.

MMIS INTERFACE

As a result of this change, EDS will stop sending access to health insurance information back through CARES. In those rare instances where EDS becomes aware of an individuals access to health insurance, EDS will call the worker with this information. The worker must enter this data on AFAC, run eligibility and confirm benefits.

CARES will still send employer access information to EDS for HIPP processing.

ATTACHMENTS

- Employer Verification Form – Earnings
- Employer Verification Form – Health Insurance
- Cover letter – Request for Employment Verification, sent with EVF-E
- Cover letter – Request for Health Insurance Verification, sent with EVF-H
- Cover letter – Request for Employment and Health Insurance Verification, sent when EVF-E and H forms are sent.

CONTACTS

 BHCE CARES Information & Problem Resolution Center

★Program Categories – FS – Food Stamps, MA – Medicaid, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – Food Stamp Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WtW – Welfare to Work, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

DHFS/DHCF/BHCE/JE